The Journal

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Café 8901 Officially Opens, Offers Increased Nutrition Options

By Bernard S. Little
WRNMMC Public Affairs staff writer

Photo by Katrina Skinner

From left, Chef Scott Brooks, Col. Melanie Craig (Nutrition Services Department director), Brig. Gen. Jeffrey B. Clark, Walter Reed National Military Medical Center (WRNMMC) director, WRNMMC Command Master Chief Tyrone Willis, and Chef Ted Stolk cut the ribbon to officially open Café 8901, the main hospital dining facility in Building 9.

Walter Reed Bethesda leadership cut the ribbon to officially reopen Café 8901 in Building 9 at the medical center Aug. 6.

Renovations to the hospital's main dining facility are now complete, and highlights include Café 8901's Fit & Flavorful, World Bistro, Chef's Table, Deli, Dessert, Brick Oven Pizza, and Grille stations, in addition to a food, salad and soup bar and grab-and-go meal service operation, known as 8901 Express, according to Maj. (P) Ronna Trent, Nutrition Services Department (NSD) Food Operations Division chief.

Trent added that in the near future, Café 8901 will move forward to include the Go for Green (GfG) diner education program, with a goal of providing "a dining environment where customers can easily choose foods to improve performance and long-term health."

Trent explained GfG "uses a simple red, yellow and green color-coding system to provide customers with a quick assessment of a food's nutritional value." Café 8901 uses GfG marketing on the digital signage boards hanging over the Fit & Flavorful station to signify the "color" of the foods and help diners make informed decisions about their food choices. Other signage boards indicate key nutritional information to include calories, fat and sodium.

"Green coding signifies 'high performance' foods that are nutrient-dense with little or no processing and are low in added sugar, salt and/or saturated fat," the major added. "These foods give you the biggest bang for your calorie buck and can be eaten daily or at most meals.

"Yellow coding signifies 'moderate performance' foods that are more processed with higher amounts of added sugar, salt and/or saturated fat," Trent stated. "There are some nutritional benefits in these foods, but portions and moderation are key.

"Red coding signifies 'low-performance' foods that can have an adverse effect on performance and health," she continued. "These foods are the most processed and the highest in added sugar, salt and/or fat and are meant to be limited to special occasions or avoided altogether."

During the official opening ceremony for Café 8901, Col. Melanie Craig, NSD director, thanked her staff, in particular food service and room service personnel, "who have remained flexible and positive throughout [the] … renovation," in addition to patrons for their patience.

She explained that as part of the preparation for the integration of the former Walter Reed Army Medical Center and former National Naval Medical Center to form Walter Reed Na-

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CNO and MCPON talk Leadership

Chief of Naval Operations (CNO) Adm. Jonathan Greenert and Master Chief Petty Officer of the Navy (MCPON) Mike Stevens discussed leadership in the latest chapter of "Conversation with a Shipmate."

During a trip to the Pacific Northwest region the two leaders sat for an interview with Mass Communication Specialist Second Class Fred Gray to talk about an essential aspect of military service.

"For well over the two hundred years of this great Navy of ours somebody has to lead, has to define the reality to people, their reality and why they are doing what they are doing and what the mission is," said Greenert. Leadership is the foundation of the Navy and its heritage, Greenert added.

During the interview Greenert made two main points about leadership, integrity and character. He said integrity is the foundation of leadership and Sailors have to believe and trust each other. Number two, leaders must have character with a foundation of good ethical behavior. And MCPON highlighted during the interview the need to develop leaders calling it his number one priority.

"If we hope to continue to get better as a Navy," said Stevens, "we have a responsibility to always seek ways to improve leadership and leadership opportunities."

Speaking on the controversy surrounding the changes made to the Chief's training process with the inception of CPO365; MCPON thanked the worldwide Chief's mess for implementing the program so effectively.

"I never asked it to be easy, I want it to be hard, testing and challenging," said Stevens. "I believe we can accomplish that while also treating one another with the dignity and respect I often talk about."

Greenert recalled three Chief Petty Officers he has encountered in his over 40 years of naval service as instrumental leaders and mentors, as he called them out by name.

"You ask any officer, somebody sat them down at some time and brought them along," said Greenert. "The CPO Mess takes care of our officer corps, the lead the vast majority of the Navy and directs the work that gets done day in and day out."

Both leaders stressed the fact that though senior enlisted and officers need to set the moral example, leadership is something that needs to be cultivated throughout every rank in a military member's career.

"Where there are two Sailors, there will always be at least one leader," said Stevens. "So to me leadership has no rank. Leadership is something that everyone is responsible for, and must embrace."

"I need our E-1s and O-1s to understand the foundational pieces, number one integrity. They have to understand integrity and understand the basics," said Greenert who went on to highlight the importance of integrity, trust and good character in the Navy when people are watching and not watching. "You can't go to sea, with 200 to 300 people and not have trust in them," he said.

Revitalizing incremental leadership such as the Petty Officer leadership and the Senior Enlisted Academy requirements has been a priority for both Greenert and Stevens during their tenures as the top Navy leaders.

Lastly, both leaders answered the question, 'are leaders born or bred?'

"You take someone who can communicate and you give them a foundation of character, understanding of integrity, teach them the importance of a professional skill and you've got a nice mixture of a great leader," said Greenert.

Chief of Naval Operations Public Affairs

Bethesda Notebook

DOD Enterprise Email Migration

Walter Reed National Military Medical Center email users will transition to a Department of Defense Enterprise Email (DEE) service managed by the Defense Information Systems Agency (DISA) next week. The migration will take place Aug. 19 through Aug. 22. There are pre and post-migration steps users need to perform in order to make email migration successful. Please direct questions and issues to, *WRNM-DEE@health.mil*.

Steam Outage

There will be a base-wide steam outage from 6 a.m., Aug. 23 (Saturday) until 6 a.m., Aug. 24 (Sunday). Any system relying on base steam or hot water will be impacted (hospital, residences, galley, etc.). Please plan accordingly.

Gates 4 & 5 Changes for Inbound, Outbound Traffic

Effective Aug. 18, Naval Support Activity Bethesda Gate 4 (Navy Lodge Gate) will open from 5 to 8:30 a.m. for inbound traffic and from 3 to 6 p.m. for outbound traffic. Gate 4 will operate Monday through Friday and be closed on weekends.

Gate 5 (University Gate) hours remain the same (5 a.m. to 6 p.m.) but the traffic pattern will be one lane inbound and one lane outbound during open hours. Gate 5 is open Monday through Friday and closed on weekends and holidays.

For more information, please contact NSA Bethesda's Transportation Program Manager at *ryan.emery@med.navy.mil*.

JOC Summer Picnic

The Junior Officer Council is sponsoring a summer picnic open to all Walter Reed Bethesda staff and their families Aug. 23 from 11 a.m. to 4 p.m. on the Naval Support Activity Bethesda MWR Sports Complex. Parking will be available in the multi-purpose garage, Building 32.

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Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. David A. Bitonti
Public Affairs Officer: Ron Inman
Public Affairs Office: 301-295-1803

Journal Staff

Staff Writers: MC2 Ashante Hammons, MC2 Christopher Krucke, Sarah Marshall, Katrina Skinner, Julie Smith, Sharon Renee Taylor

Managing Editor: MC2 Brandon Williams-Church
WRNMMC Editor: Bernard Little

NSA Bethesda
Fleet And Family Support Center 301-319-4087

Walter Reed National Military Medical Center
Office of Media Relations 301-295-5727

NSAB Ombudsman
Michelle Herrera 240-370-5421

Sexual Assault Response
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WRNMMC Leader in Virtual Colonoscopy Diagnostics, Research

Photo by Sharon Renee Taylor

Maria Jordan, a CT scan tech at WRNMMC, administers a virtual colonoscopy for a patient from Woodbridge, Va., who said the procedure "was quick ... I don't even know how long it was."

By Sharon Renee Taylor
WRNMMC Public Affairs staff writer

Walter Reed National Military Medical Center (WRNMMC) continues to lead the way in the use of virtual colonoscopy (VC) to screen for the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the U.S.

Since 2004 when the medical center began offering the diagnostic procedure for cancer of the colon and rectum, there have been more than 15,000 virtual colonoscopies performed. Physicians and researchers, primarily at Walter Reed Bethesda, use the CT scan technique, also known as computed tomography colonography (CTC), which builds a 3-D world of a patient's colon to identify cancer.

Instead of a lighted, flexible scope or tube used in conventional colorectal screening examinations like flexible sigmoidoscopy or optical colonoscopy, the non-invasive VC procedure uses carbon dioxide to expand the colon, according to Navy Cmdr. (Dr.) Scott L. Itzkowitz, service chief for gastroenterology at WRNMMC. After the colon is filled with carbon dioxide, a 3-D image is created based on the X-ray images from the CT scanner.

Virtual colonoscopy delivers an examination of the entire colon, abdomen and pelvis. Only the inner colon surface is examined with optical colonoscopy. "One of the potential benefits of VC is the ability to find extracolonic findings," Itzkowitz explained, indicating other non-colon cancers have been identified at early stages.

Itzkowitz compared the two exams, explaining that although both procedures require a "prep" to clean the colon, virtual colonoscopy requires additional contrasting agents but does not require sedation, anesthesia or a hospital stay, and VC patients don't need someone to drive them home, unlike those who undergo optical colonoscopy.

"It's true that the military health care system [the former Walter Reed Army Medical Center (WRAMC) along with the former National Naval Medical Center (NNMC)] developed and pioneered the use of CTC for colorectal cancer screening and has screened the largest volume of patients to date," explained Dr. Perry J. Pickhardt, professor of radiology and chief of gastrointestinal imaging at the University of Wisconsin-Madison.

The former Navy lieutenant commander and GI Radiology service chief at NNMC led the first of three studies at the military medical center on this alternative method to conventional colorectal screening examinations.

The landmark trial published in the New England Journal of Medicine in 2003 was a joint, Army/Navy year-long study conducted by NNMC, WRAMC and Naval Medical Center San Diego that used virtual colonoscopy as the screening test of choice for polyp detection from 2002 to 2003. More than 1,200 asymptomatic adults underwent same-day virtual and optical colonoscopy. The study found CT virtual colonoscopy an accurate screening method that compares favorably with optical colonoscopy.

"It was a Department of Defense study that was the landmark study back in 2003 that put [virtual colonoscopy] on the road map," said retired Navy Capt. (Dr.) Duncan Barlow, a senior radiologist for the Colon Health Initiative at WRNMMC since its inception.

Walter Reed Bethesda performs

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3-D Medical Application Center 'Guides' Face Transplant Surgery

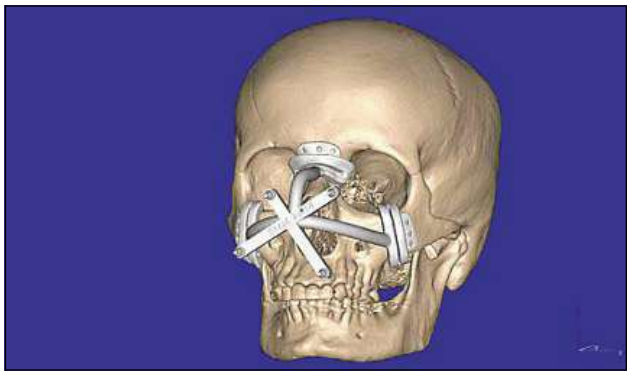
By Sharon Renee Taylor
WRNMMC Public Affairs staff writer

A team of specialists from Walter Reed National Military Medical Center's 3-D Medical Applications Center (3DMAC) help "guide" the hands of surgeons in operating rooms, using science and technology to advance health care delivery.

"Our research in participation with the face transplant program at Johns Hopkins was awarded a $50,000 prize at the 2014 Joint Alliance Meeting Johns Hopkins University (JHU)/ University of Maryland for continued funding of the project, specifically in development of a unique cutting/placement guide system for face transplants, craniofacial surgery and other reconstructive surgeries," stated Navy Capt. (Dr.) Gerald T. Grant, service chief of the 3DMAC and director of the Craniofacial Imaging Research Group, Naval Postgraduate Dental School.

At Walter Reed Bethesda, the 3DMAC team continues their translation research with computer-assisted face-jaw-teeth transplantation (transplanting a face with underlying bones and teeth), as well as a shared clinical protocol for facial transplantation. Grant and other members of the transplant team will brief surgeons and prosthetics researcher about the technology, procedures, and devices that emerged from their integrated efforts during upcoming presentations in New Orleans and Beijing, China.

Grant, who leads the team of biomedical engineers, post-doctoral researchers and other specialists at Walter Reed Bethesda's 3DMAC, explained the group builds surgical guides, utilizing the center's technology in computer-generated 3-D modeling, surgical manipulation, dentistry, maxillofacial prosthodontics and plastics.



Graphic by Peter C. Liacouras, Ph.D., 3DMAC

The WRNMMC 3DMAC generates cutting guides for both donor and recipient, like the one above, to dictate where the surgeons will cut (above, right and left) in a face transplant surgery. Navigational markers (reflective spheres) attach to ends of the cross feature which aid to pinpoint location, in real time, during the surgery.

"We build cutting guides that basically tell the surgeon where the [incisions] should be made," Grant continued. "What's special here is that our new guides can be observed by the optical navigational system," Grant said.

He added the 3DMAC offers virtual services, reconstruction planning for cancer patients, and generates custom implants such as prosthetic eyes, ears and noses. The techniques and software developed in the face transplant project will be applied in oral surgery, head, neck, ears, nose and throat surgery, as well as plastic surgery, he added.

The Walter Reed Bethesda specialists working on the facial transplant project over the last four years have developed technology to help surgeons in a range of specialties to align the jaw, teeth and face in a better way for planning and during surgery, Grant explained.

He added guides from

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Virtual, Field Training Offer Uniq

By Julie Smith
NSAB Public Affairs
staff writer

As insurgents shot at them, Army 2nd Lt. Jacob Fischer and Navy Ens. Osmund Nogra moved through the streets of a foreign village trying to reach two of their battle buddies, who had been seriously wounded and needed medical attention.

Reaching the casualties, Fischer and Nogra assessed the patients and stabilized them before helping them to a medical evacuation helicopter just a few feet away.

The scenario could have been real, but it was all part of a simulated "train the trainer" exercise July 29 for medical students attending the Uniformed Services University of the Health Sciences (USU) aboard Naval Support Activity Bethesda.

The exercise involved the Wide Area Virtual Environment (WAVE) at Forest Glen Annex's Val G. Hemming Simpson Simulation Center. The developer of the WAVE, Dr. Alan Liu, describes it as a total immersion large-scale simulator with 24 screens that make up a 1,000 square-foot viewing area. It is different from other simulators in that it allows participants to work together using real equipment, he said.

"It's a great opportunity to run the students through a virtual environment that's safe," Liu explained.

The only WAVE training facility in the world, the simulator gives instructors the opportunity to watch and assess a team's skills as the simulation unfolds and allows participants to experience the realism of a combat situation. WAVE 3-D Medical Simulation Designer Valerie Henry said the animations are pre-set but can detect the participants' actions and will change based on their response and movements. Actors wearing surgical cut-suits were also involved in the simulation.

"It's actually nice to see virtual enemies and debris flying and seeing the situation change," Fischer said. "You take it more seriously. There's a person in a cut suit screaming in pain, so there's a sense of urgency."

Students involved in the WAVE training were gaining valuable experience to assist with Military Field Practicum 102, the second in a series of four courses all USU medical students must go through that is centered on tactical combat casualty care training, according to Dr. Craig Goolsby, USU Department of Military and Emergency Medicine assistant professor.

Photo by Jeffrey Longacre, Uniformed Services University

Surgical cut suits, like the ones worn by the actors laying on the ground, allow the medical students to perform invasive life-saving procedures on human patients.

"One of the main focuses of our department is to teach pre-hospital trauma life support skills and knowledge," Goolsby said. "Throughout the course of first-year medical school, students get a series of sessions on a number of basic skills. This course is a synthesis of all of that knowledge. They get to practice it in a very realistic environment."

Student trainers completed a trial run of the two-day field exercise July 30 to 31 in a wooded area near USU before the actual course took place Aug. 12 to 13. Another course is scheduled for Aug. 18 to 19.

The surgical cut suits are also used in the field exercise and allow the realism of interacting with a human patient while the medical students perform invasive procedures, explained Goolsby, who developed the courses at USU that accompany the cut suit training.

"I saw the cut suits at a conference several years ago and we didn't have a way to use them at the time," Goolsby said. "We realized how important tactical combat casualty care training is to our students and it seemed like a very good modality to use."

Retired Army Lt. Col. James Schwartz, Department of Military and Emergency Medicine deputy and assistant professor, added that proficiency in tactical combat casualty care has been a primary focus coming out of the wars in Iraq in Afghanistan.

"It's been proven to reduce mortality and be a combat multiplier," Schwartz said. "As military doctors, these students will be in charge of [personnel] that will have that responsibility. They'll be in charge of training those medics to be prepared so our feeling is that the medical students have to have a firm understanding of what tactical combat casualty care is all about."

The non-commissioned officer in charge of the course, Hospital Corpsman 1st Class Juan Vega, stated the exercise helps to emphasize care under fire. It provides an opportunity for the medical students to respond quickly and think "outside the box."

"As doctors, (the students) will mostly be working in the FOB (Forward Operating Base) areas," Vega said. "With this training, they get more of an understanding of what medics and corpsman go through in the field with blood pumping and adrenaline rushing."

Goolsby added that the stressful nature of the training is necessary to make the situation seem more life-threatening, but there needs to be a balance.

"If you have no stress it doesn't become serious to people and if you have too much stress then you squash the ability to learn," Goolsby said. "When you have things like the virtual environments and the hybrid simulators you can adjust the amount of stress so it makes (the training) intense enough that it's realistic, but not making it so crazy that you can't get education accomplished."

Schwartz added that USU is the only medical school in the country with a military medicine department, making the training and education USU medical students receive distinctive.

"This is what makes us unique from any other medical school in the country," he said. "Our students get this opportunity to go through this military training and it makes a difference."

The Wide Are ments.

Dr. Craig Gool gency Medicin medical studen

que Experience for USU Students

Photo by Julie Smith

a Virtual Environment (WAVE) includes 26 3-D screens. The simulated animations are pre-set, but react to participants' actions and move-

Photo by Julie Smith

lsby, USU Department of Military and Emer-e assistant professor, shouts instructions to nts inside the WAVE.

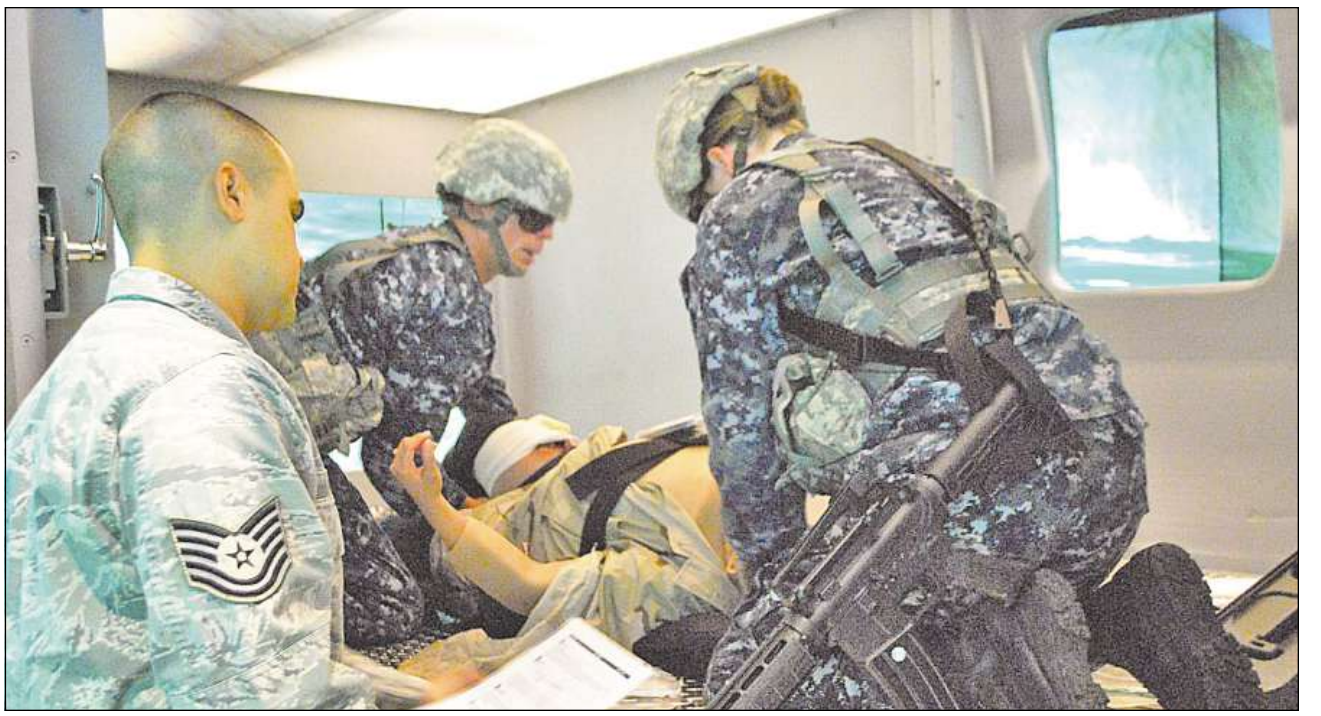

Photo by Julie Smith

Students continue to work on a patient during a simulated medical evacuation by helicopter.

FACE

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Walter Reed Bethesda's 3DMAC designs are used for the optical navigational system, Computer-Assisted Planning and Execution (CAPE) workstation, which uses software feature telling the surgeon about predicted face-jaw-teeth harmony without having to take an X-ray during surgery.

Craniofacial Plastic Surgeon Dr. Chad Gordon, clinical director of the Face Transplant Program at JHU explained a challenge to craniomaxillofacial transplantation is occlusion, or making sure the teeth along each opposing jaw line up and contact properly to enable a face transplant patient to eat and speak effectively without pain. He sought the expertise of Grant, a maxillofacial prosthodontist with a Navy career spanning 30 years — more than 10 of those leading Walter Reed Bethesda's 3-D medical application section.

"The goal was to form a multidisciplinary team of experts in a variety of disciplines that could accomplish a huge obstacle such as a LeFort-based, maxillofacial transplantation, which means you're taking the entire face, jaw and teeth of a patient and having to match it up to the rest of someone's face, jaw and teeth," Gordon continued. "We formed this team in 2011 because we knew that if we worked together, we could solve problems and achieve results for many patients alike," he added. "We have an awesome team."

Currently, the multidisciplinary team has written book chapters and contributed to journal publications explaining how to manipulate and develop the technology to take a single jaw and make it work with another.

"Our multidisciplinary team covers the entire specialty areas needed to make the project successful," said Principal Staff Mechanical Engineer Dr. Mehran Armand, who developed the CAPE workstation optical navigational system.

Gordon explained what the experts learned from their face transplant research thus far.

"When you think that something can't get any better, you have to just form a team with a lot of experts — experts in different areas — so there can be synergism between the different disciplines," the doctor said.

The world's first successful face transplant on a living human took place in France in 2005 on a woman bit by her own dog; the first full transplant was completed in Spain in 2010. In 2008, Gordon participated in the first facial transplant in the U.S. at the Cleveland Clinic in Ohio, where a patient underwent the procedure after sustaining severe facial disfigurement from a gunshot blast.

OPENING

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tional Military Medical Center (WRNMMC), it was determined a major renovation of food service operations was in order to support a world-class medical center. Upgrades were identified for the kitchen, dining room, server and administrative spaces. The contract was awarded in September 2012 and renovation began shortly thereafter.

Throughout the renovation, "we continued to operate and managed under any given condition, even under severe snowstorms and facility closures and delays," Craig said. "Despite the challenges, thanks to the dedicated efforts of the entire Nutrition Services team, we continued [operation] without missing a beat.

"At the end of all of that, we can now offer a more sophisticated dining experience for our patients and staff," Craig stated. "These upgrades will take us well into the future."

Brig. Gen. (Dr.) Jeffrey B. Clark, WRNMMC director, agreed. "The dining experience is about much more than the meal," he explained. "Breaking bread [includes] the interaction between the folks who work in the facility, and the fellowship shared amongst the diners." He added the new Café 8901 is conducive to that atmosphere.

"You should be proud for what you do," the general continued in commending the entire NSD staff. "God bless you, and thank you for what you do," he concluded.

Clark and Craig were then joined by WRNMMC Command Master Chief Tyrone Willis, and Chefs Ted Stolk and Scott Brooks to cut the red, white and blue ribbon to officially open Café 8901.

In addition to those areas visible to Café 8901 patrons, renovations to the facility included those made to the behind-the-scenes food service operations, such as upgrades to employee locker rooms, the call center supporting inpatient meals for a hotel-style room service operation, and the department's main supply areas. There were also renovations made to refrigerated storage areas and the executive dining room.

Café 8901 will work for continuous improvements for its customers and thanks WRNMMC staff and visitors for their support through this time of transition, Craig added. For more information about Café 8901 or Café 8901 Express, contact Maj. (P) Ronna Trent at 301-295-6568.

Photo by Mass Communication Specialist 2nd Class Christopher Krucke

Patrons prepare salads at Café 8901's food, salad and soup bar, one of the amenities of the new dining facility.

RESEARCH

Continued from pg. 3

about 200 VC's each month for colorectal cancer screening, providing same-day reads and optical colonoscopy if findings require a biopsy, according to Barlow. The senior radiologist, involved in two more key virtual colonoscopy studies involving patients at the military treatment facility, testified before the Food and Drug Administration as one of 24 experts on a review panel in September 2013 to discuss current evidence on the risks and benefits of CTC for the screening of patients for colorectal cancer. Panel members unanimously agreed that CTC should be available as an option for CRC screening of asymptomatic patients.

Barlow cited the survey of 250 consecutive average-risk patients undergoing colorectal cancer screening at NNMC between 2004 and 2009. One purpose of the review was to assess the reasons why patients chose virtual colonoscopy instead of optical colonoscopy. Published in 2010, the results concluded the most common reasons for undergoing virtual colonoscopy were convenience, recommendation by referring provider, and perceived safety. Among the 57 patients who experienced both procedures, 95 percent preferred virtual colonoscopy.

A third study published in 2011 evaluated the outcomes of NNMC patients 65 years of age older who underwent CT colonography. Pickhardt, Barlow, as well as retired Navy Capt. (Dr.) Donald W. Jensen, a senior radiologist for the Colon Health Initiative, and retired Navy Lt. Cmdr. Priscilla A. Cullen, a registered nurse, along with four other NNMC colleagues found CTC a viable option for Medicare-aged patients like retired Navy Capt. Bryan Anderson and his wife Miriam, who were living in Fairfax, Va., when they both had virtual colonoscopies at NNMC in August 2008. He was 72 and she was 70.

"It was convenient," Miriam said. "The virtual was no problem at all."

"I think the procedure itself is painless," said the retired captain, who had an optical colonoscopy for prior cancer screenings. A 40-mm polyp was identified in his colon with the virtual colonoscopy, and he received an optical colonoscopy the same day which revealed tubulovillous adenoma. The precancerous polyp was partially removed by endoscope, but did require a surgical resection via laparoscopy. Miriam said it could've developed into cancer within months.

The couple recommended virtual colonoscopy for other patients 65 and older. "Once you have it, you're up and out of there," she said.

"It's a streamlined way of going through a number of people in a minimal amount of time," her husband added.

In 2012, WRNMMC began providing virtual colonoscopy reads through a tele-radiology network to Naval Hospital Jacksonville in Florida, Fort Belvoir Community Hospital in Virginia, Kimbrough Ambulatory Care Center in Fort Meade, Maryland, and Naval Hospital Camp Pendleton in California. Itzkowitz indicated there are tentative plans to extend this service to San Diego Naval Hospital in California, and hopes other military treatment facilities will seek WRNMMC to build 3D models from their CTC scan images using software, and interpret and provide results for virtual colonoscopies performed at their locations. Walter Reed Bethesda tele-radiology services offer a two-day turnaround time.

"We have a same-day read here at WRNMMC; if the patient wants, they can sit and wait for the results knowing if a polyp or mass is found they can have their optical [colonoscopy] done the same day," Barlow explained about the in-house turnaround time, which is between 30 minutes to an hour.

Maria Jordan, a CT scan tech at WRNMMC, has performed virtual colonoscopies for six years. "Ten minutes of this and you're done," she said, and explained because the procedure uses a CT scan, more is seen than just the colon.

"We found an aneurysm on a patient who was going fishing after the procedure," said Jordan. The man canceled his fishing trip, and received a stent to remedy the aneurysm.

Individuals without a family history of primary relatives (parents or siblings) with colorectal cancer, and no symptoms should be screened beginning at age 50, Itzkowitz said. Without a family history of polyps or colon cancer, Alisha Conkling of Woodbridge, Va., received her first colonoscopy at WRNMMC at age 50. She wasn't certain if her husband, an active-duty colonel in the Air Force, would be able to come with her so she opted for the virtual colonoscopy. Afterwards, she headed to breakfast with a smile.

Conkling accompanied her husband when he had an optical colonoscopy earlier. She said his experience was a lot different than hers. "You don't have to worry about finding someone to bring you," Conkling said, not an option for those receiving optical colonoscopy under sedation. "It was quick — I don't even know how long it was."

For patients with a family history, that is not known to be due to a genetic syndrome, recommendations are to begin colorectal screening at age 40. Some societies recommend screening begin at age 45 for African Americans, who have a 20 percent higher incidence than Caucasians, Itzkowitz explained. Factors such as lack of physical activity, unhealthy diet, smoking and obesity are thought to increase prevalence of the cancer, regardless of race.

For more information about virtual colonoscopy at WRNMMC, contact Priscilla Cullen, RN, at 301-319-8876. Military treatment facilities interested in learning more about the WRNMMC tele-radiology service should contact Navy Cmdr. (Dr.) Patrick E. Young, director of CT colonography at 301-295-4600.

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Editor/Writer for Andrews Gazette

Andrews Gazette, a newspaper published for distribution on Joint Base Andrews and the surrounding community, is searching for an independent Editor/Writer. Candidate must be able to come up with story ideas for the weekly paper as well as go out in the community and cover events for publication. Supervise one reporter/photographer and work with copy desk to layout the paper each week. An understanding of how to cover military service members and their families a plus. Must be organized and a team player. Strong writing and editing skills (AP style) a must. Must be able to manage staff and processes. College degree in journalism required. Prefer military family members and/or former military candidates.

If interested and qualified, please send resume and cover letter with salary requirements and three writing samples to mminar@dcmilitary.com.

We offer a competitive compensation and comprehensive benefits package including medical, dental, pension, 401(k) and tuition reimbursement. EOE.